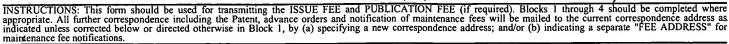
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(Signature)	Mal Mc Xae
(Date)	10/20/2003
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/753 197	01/02/2001	Klaus W. Berndt	P-5222	2915

TITLE OF INVENTION: APPARATUS FOR DETERMINING THE VOLUME OF SINGLE RED BLOOD CELLS

EXAMINER TREMBLAY, MARK STEPHEN 2827 356- Change of correspondence address or indication of "Fee Address" (37 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the pater been previously submitted to the USPTO or is being submitted under separate cover. Completion of (A) NAME OF ASSIGNEE Becton, Dickinson and Company Franklin Letters of the patent of the	istered patent attorne		12/30/2003	
TREMBLAY, MARK STEPHEN 2827 356- Change of correspondence address or indication of "Fee Address" (37 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the pater been previously submitted to the USPTO or is being submitted under separate cover. Completion of (A) NAME OF ASSIGNEE Becton, Dickinson and Company Franklin Levelage (B) Residence: (CITY and Please check the appropriate assignee category or categories (will not be printed on the patent); The following fee(s) are enclosed:	039000 atent front page, list istered patent attorned			
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CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the pater been previously submitted to the USPTO or is being submitted under separate cover. Completion of (A) NAME OF ASSIGNEE Becton, Dickinson and Company Franklin Legelease check the appropriate assignee category or categories (will not be printed on the patent); The following fee(s) are enclosed: Ab. Payment of Fee(s):	istered patent attorne			
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the pater been previously submitted to the USPTO or is being submitted under separate cover. Completion of (A) NAME OF ASSIGNEE Becton, Dickinson and Company Franklin Letter Company Please check the appropriate assignee category or categories (will not be printed on the patent); The following fee(s) are enclosed: 4b. Payment of Fee(s):	ber a registered attor of up to 2 registered	single rney or 2	S. Weintraub	
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